"PHARMWATCH" DRUG MONITORING FORM

A. PATIENT DETAILS

Patient Initials: (First, Last)	Gender: M F	Date of Birth:	Ethnicity	Weight: (kg)	Height: (cm)

B. SUSPECTED DRUG EVENT

Outcomes attributed to use of drug (check all that apply):	Describe event or problem	Date event started *(mm/dd/yyyyy)*
□ Failure of therapy □ Allergy □ Disability □ Life threatening □ Hospitalization □ Death _____ *(mm/dd/yyyy)* □ Other *(describe)* _____		Date event ended *(mm/dd/yyyy)*
Describe action taken in response (e.g. drug changed, prolonged-therapy, increased dose)	Describe other relevant history including abnormal laboratory test results, days of hospitalization.	

C. DRUG INFORMATION

Name of suspected drug (give specific name on package)	Dose & Route	Indication	Batch number if known
Name of other drugs taken (give specific name on package)	**Dose & Route**	**Indication**	**Batch number if known**

D. REPORTING HEALTH PROFESSIONAL INFORMATION

Profession: ----------	Telephone: ----------
Name: ----------	Fax: ----------
Address: ----------	Email: _____
Also reported to:	
Signature	Date *(mm/dd/yyyy)*

FOR OFFICIAL USE ONLY	
Received by: Date Received:	Action taken: